PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032

U.S. Patent and Trademst Office; U.S. Department of the Paparousis Reduction Act of 1005, no appears are required to respect to a policetion of information unless it items to the property of the Paparousis Reduction Act of 1005, no appears are required to respect to a policetion of information unless it items to the property of the Paparousis Reduction Act of 1005, no appears are required to respect to a policetion of information unless it items to the property of the Paparousis Reduction Act of 1005, no appears are required to respect to a policetion of information unless it items to the property of the Paparousis Reduction Act of 1005, no appears are required to respect to a policetion of information unless its first to the paparousis Reduction Act of 1005, no appears are required to respect to a policetion of information unless its first to the paper of the pape

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/552,440			ing Date 25/2006	To be Mailed	
APPLICATION AS FILED – PART I  (Column 1) (Column 2) SMALL ENTITY										OTHER THAN OR SMALL ENTITY		
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	$\neg$	N/A		N/A	ı	N/A	122(0)		N/A	TLL (0)	
	SEARCH FEE		N/A		N/A	1	N/A			N/A		
	(37 CFR 1.16(k), (j), e EXAMINATION FE (37 CFR 1.16(o), (p),	E	N/A		N/A		N/A			N/A		
	TAL CLAIMS CFR 1.16(i))		minus 20 = *				x \$ =		OR	x s =		
IND	EPENDENT CLAIM CFR 1,16(h))	s	minus 3 = *			ı	x \$ =			x \$ =		
	APPLICATION SIZE 37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pape 50 (\$125 ional 50 s	gs exceed 100 n size fee due for each n thereof. See CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))												
* If	he difference in col	r "0" in column 2.		TOTAL		ı	TOTAL					
APPLICATION AS AMENDED – PART II         OTHER THAN           (Column 1)         (Column 2)         (Column 3)         SMALL ENTITY         OR         SMALL ENTITY												
AMENDMENT	06/04/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16())	• 11	Minus	<del></del> 20	= 0		x \$ =		OR	X \$50=	0	
	Independent (37 CFR 1.16(h))	• 2	Minus	<b></b> 3	= 0	1	x \$ =		OR	X \$210=	0	
	Application Size Fee (37 CFR 1.16(s))											
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16(i))		Minus	**		l	x \$ =		OR	x s =		
M	Independent (37 CFR 1.16(h))		Minus	***			x \$ =		OR	x \$ =		
Ä	Application Size Fee (37 CFR 1.16(s))											
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
									OR	TOTAL ADD'L FEE		
If the entry in column 1 is less than the entry in column 2, write 0" in column 3.  Legal Instrument Examiner:  "If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "20".  "If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3".												

This collection of information is equated by 37 CER 1.10. The information is required to obtain or retain a benefit by the public which is in life (and by the USETO to noceess) an implication. Confidentiality is governed by 85 USE v. 22 and 37 CER 1.4. If this collection is estimated to state 2 rainwates to complete in condition gathering, preparing, and submitting the completed application form to the USETO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations form double by some thor Except information of Direct. US. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrias, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O., Box 1450, Alexandrias, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS